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BIBDATASHEET**CONFIRMATION NO. 9566**

Bib Data Sheet

SERIAL NUMBER 10/602,029	FILING DATE 06/23/2003 RULE	CLASS 424	GROUP ART UNIT 1654	ATTORNEY DOCKET NO.
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APPLICANTS
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** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 09/10/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY IL	SHEETS DRAWING	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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ADDRESS
 23992
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TITLE
 Headache, blood constipation, tapeworm, hemorrhoid, constipation and stomach acidity relief composition and method of use thereof

FILING FEE RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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